

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name; and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INHALER CASE COVER

The specification of which

☒ is attached hereto

☐ was filed on March 22, 2004, as Application Serial No. _____.

☐ and was amended on or through _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

<u>60/456,400</u>	<u>March 20, 2003</u>
(Application Serial No.)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty of disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of the application.

NONE

(application serial no.)	(filing date)	(status)
--------------------------	---------------	----------

And I hereby appoint John R. Benefiel, Patent Office Registration No. 24,889, as my attorney, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith. Send all correspondence to: John R. Benefiel, 280 Daines Street, Suite 100 B, Birmingham, Michigan 48009, Telephone No. (248) 644-1455.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are

punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole inventor Ametrice D. Clark

Inventor's signature _____

Date _____ Citizenship USA

Residence Detroit, Michigan

Address 20501 Trinity Street, Detroit, Michigan 48219